



The Sleep Center

515 SW Home, Suite 200 Topeka, KS 66606
(785) 234-5480 Fax (785) 234-3124



Physician's Sleep Evaluation & Orders

Patient Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
_____ Cell Phone: _____
_____ Work Phone: _____

Referring Physician: _____ Office Phone _____
Fax: _____

Indications for Sleep Study: (please check all that apply)

____ Snoring ____ Excessive Daytime sleepiness ____ observed Apnea ____ Memory Loss
____ Difficulty sleeping ____ Falling Asleep Driving ____ AM Headaches ____ Nocturnal Hypoxemia
____ Abnormal limb movement during sleep ____ Possible Nocturnal Seizure

History/Physical (Please Check all that apply)

____ Diabetes ____ Fibromyalgia ____ Hypertension ____ Impaired Cognitive ability
____ Asthma ____ COPD ____ Panic Attacks ____ Depression ____ Stroke/TIA
____ Arthritis ____ Reflux ____ Coronary Artery Disease ____ Thyroid Disease ____ Alcoholism
____ Chronic Fatigue ____ Cardiac Arrhythmias ____ CHF

Other: _____

Special Needs (please schedule at least 7 days in advance)

____ Wheel Chair ____ Incontinent ____ Vision / Hearing Impaired ____ Mentally Challenged
____ Assistance

If patient has under gone sleep testing in the past, please include a copy of reports.

Requested Services

____ **Nocturnal / Daytime Polysomnogram** (Split night protocol is performed on qualifying patients with AHI>40 during the first 2 hours of recorded sleep time)

____ **CPAP / Bi-Level PAP Titration** (per protocol approved by American Academy of Sleep Medicine)

____ **Sleep Aid** per Sleep Center Protocol (mild hypnotic sedative available after one hour of sleeplessness post HS)

____ **Multiple Sleep Latency Test (MSLT)** (follows an over night Polysomnogram to assess hypersomnolence)

____ **Maintenance of Wakefulness Test (MWT)** (follows an over night Polysomnogram to assess the ability to stay awake)

____ **Sleep Consultation** (scheduled with interpreting physician, Boarded in Sleep Medicine, to review results, address treatment options, concerns or other sleep issues)

Ordering Physician Signature

Date